

Please type a plus sign (+) inside this box → ☒

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/872,135
Filing Date	May 31, 2001
First Named Inventor	Brandon James Yoe
Group Art Unit	3743
Examiner Name	Camtu T. Nguyen
Attorney Docket No.	50623.168

Total Number of Pages in This Submission (excluding references)	20
---	----

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account Authorization 07-1850	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Transmittal Form	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Response to Office Action (15 pages)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Submission of Formal Drawings (in duplicate)
<input checked="" type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721156909 US	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 (pgs) enclosing References		
<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal		

Remarks

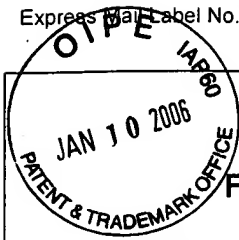
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Angie Augustus, Reg. No. 51,421
Signature	
Date	January 10, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service via Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:

Typed or printed name	Mary M. Padilla		
Signature		Date	January 10, 2006



FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$120.00)

Complete if Known

Application Number	09/872,135
Filing Date	May 31, 2001
First Named Inventor	Brandon James Yoe
Group Art Unit	3743
Examiner Name	Camtu T. Nguyen
Attorney Docket Number	50623.168

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850

Deposit Account Name: Squire, Sanders & Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:
☐ Check ☐ Other

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$ 0)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$50	2202/\$25	Claims in excess of 20
1201/\$200	2201/\$100	Independent claims in excess of 3
1203/\$360	2203/\$180	Multiple dependent claim

110/\$18	210/\$9	Reissue claims in excess of 20 and over original Patent
----------	---------	---

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
1251/\$120	2251/\$60	Extension for response within first month [†]	120
116/\$450	2252/\$225	Extension for response within second month [†]	<input type="text"/>
1253/\$1,020	2253/\$510	Extension for response within third month [†]	<input type="text"/>
1254/\$1,590	2254/\$795	Extension for response within fourth month [†]	<input type="text"/>
1255/\$2,160	2255/\$1,080	Extension for response within fifth month [†]	<input type="text"/>
1401/\$500	2401/\$250	Notice of Appeal	<input type="text"/>
1453/\$1,500	2453/\$750	Petition to revive unintentionally abandoned Application	<input type="text"/>
1501/\$1,400	2501/\$700	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$800	2502/\$400	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	<input type="text"/>
Other fee (specify):			<input type="text"/>
Other fee (specify):			<input type="text"/>
SUBTOTAL (3)			(\$ 120)

(Col. 1)	(Col. 2)	(Col. 3)				
For	No. of Existing Claims	Highest No. Previously Paid For	Extra**	Fee	Fee Due	
TOTAL	68	20 or 76	0	\$50	\$0	
INDEP	14	3 or 16	0	\$200	\$0	
[] First presentation of multiple dependent claim						

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$0)

SUBMITTED BY

Typed or Printed Name

Angie Augustus

Complete (if applicable)

Reg. Number

51,421

Signature

Angie Augustus

Date

January 10, 2006